PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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U.S. Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number Filing Date 04/30/2007			To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR N			NUMBER FI	LED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *					x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fractio 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL		
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	03/23/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	• 9	Minus	~ 20		= 0	П	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 4	Minus	3		= 1	П	x \$ =		OR	X \$220=	220	
	Application Size Fee (37 CFR 1.16(s))												
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	220	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	**			П	x \$ =		OR	x \$ =		
	Independent (37 CFR 1,16(h))		Minus	***			П	x \$ =		OR	x s =		
ā	Application Size Fee (37 CFR 1.16(s))						П]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
Γ								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 16	If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the Highest Munther Proviously Park For IV THIS SPACE is less than 20, enter "20". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". If the Highest Number Provi												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to improve the public state in the public which his life properties of the public which his lost properties a properties of the public which his lost properties a model in patients of the public which is lost properties a model in patients of the public which is public which is lost properties and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or Seggestions for reducing this burden, should be sent to the CERT information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Mexandria, VA 22313-1450.